

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

RECEIVED

Fill in dates: Reporting Period Beginning 4 O ZOZ	Ending 4 TOWNSCLERKS 2021
Type of report: (Check one) □ 8th day preceding preliminary □ 8th day preceding election	△30 day after election □year-end report □dissolution
Randall Bester	NONE
Full Name of Candidate (if applicable)	Committee Name
lain of Webster Selectman	
Office Sought and District	Name of Committee Treasurer
Residential Address Webster MA 01570	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 5: Ending balance (line 3 minus lin Line 6: Total in-kind contributions th Line 7: Total (all) outstanding liabilit Line 8: Name of bank(s) used Affidavit of Committee Treasurer: Teerify that I have examined this report including attached schedules and it is, campaign finance activity, including all contributions, loans, receipts, expenditure and represents the campaign finance activity of all persons active under the audit and represents the campaign finance activity.	nis period (page 4) \$
and represents the campaign finance activity of all persons acting under the aut M.G.L. c. 55. Signed under the penalties of p	flority or on behalf of this committee in accordance with the requirements of the requirements of the committee in accordance with the c
Freasurer's signature (in ink)	Date
FOR CANDIDATE FILINGS ONLY	: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, campaign finance activity, of all persons acting under the authority or on beha have not received any contributions, incurred any liabilities nor made any expend Candidate without Committee OR Candidate with independent activity fit I certify that I have examined this report including attached schedules and it is, campaign finance activity, including contributions, loans, receipts, expenditures and represents the campaign finance activity of all persons acting under the author. Signed under the penalties of Candidate signature (in ink)	If of this committee in accordance with the requirements of M.G.L. c. 55, litures on my behalf during this reporting period. ling separate report to the best of my knowledge and belief, a true and complete statement of all, disbursements, in-kind contributions and liabilities for this reporting period hority or on behalf of this committee in accordance with the requirements of

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more	
1-4/30/	Randy Becker Donne Becke	4723	48	Retired Retired	
121					
	(self funded)				
			ź		
		√ 2 "	\h.		
			·		
	otal receipts in excess of \$50 (or listed above)	4723	48		
	otal receipts \$50 and under* (not listed above)				
Line 11: T	OTAL RECEIPTS IN THE PERIOD	4723	48	Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

noun	Amo	Purpose of Expenditure	Address	To Whom Paid (alphabetical listing)	Date Paid
6:	351	Printed Flyers:	Aubusa, MA	Staples	1/20/21
15	1189	4 Signs	man St Webstern	Choice One	1/14/21
50	401	2 gunet2	Main St Webster MA 25 Elm St.	U.S. Post Office	12/21
) -	1540	Newspaper Als	Southbridge MA	Storelaighe Ress	1/16/21
) -	1050		Gore Rol Webster MY	Yanker Express	1/1/21
18	191		main St. Webster	chorce one	CONTRACTOR OF THE PARTY OF THE
	1				
48	1723	xpenditures over \$50	Line 12: E	100000000000000000000000000000000000000	
		xpenditures \$50 and under*	Line 13: E		
THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	1723 1723	xpenditures \$50 and under*	Line 13: E	nter on page 1, line 4	*

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
į	100	*		
	NONE	1 Key 6		
				. No.
		Line 15:	In-kind over \$50	
	• •	Line 16:	In-kind \$50 and under	N
	Enter on page 1, line 6	Line 17:	Total In-kind	10

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	NONE	in improved in		
r Hillisov (18				
p.A. 				
*				
				A
	Enter on page 1, line 7	Line 18: OUTSTANDING LIA	BILITIES (ALL)	10

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Nassachusetts ·	
e with: y or Town Clerk or Election Commission Please print or type all info	ormation, except signatures.
Fill in dates: Month Date Year Reporting Period Beginning	Ending Month Date Year 2021
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election	□30 day after election □year-end report □dissolution
REBERT J Miller	
Full Name of Candidate (if applicable) SELEGMAN	Committee Name
Office Sought and District 366 Pohool 18 Web sten. 144.	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from prev Line 2: Total receipts this period (Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this pe Line 5: Ending balance (line 3 minus li Line 6: Total in-kind contributions t Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is campaign finance activity, including all contributions, loans, receipts, expendit	riod (page 3, line 14) s riod (page 3, line 14) s ine 4) s this period (page 4) s ities (page 4) s s s s s s s s s s s s s
campaign finance activity, of all persons acting under the authority or on bel have not received any contributions, incurred any liabilities nor made any exper a Candidate without Committee OR Candidate with independent activity I certify that I have examined this report including attached schedules and it is campaign finance activity, including contributions, loans, receipts, expenditure	e is, to the best of my knowledge and belief, a true and complete statement of all half of this committee in accordance with the requirements of M.G.L. c. 55. I inditures on my behalf during this reporting period. filing separate report s, to the best of my knowledge and belief, a true and complete statement of all es, disbursements, in-kind contributions and liabilities for this reporting period athority or on behalf of this committee in accordance with the requirements of

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amoui	of Cocupation & Employer (for contributions of \$200 or more)
1	6-	_	
5/3/21	Roman Imper 311 School 8, White M.	2500	Feneral Connece
		Hi kar	
	otal receipts in excess of \$50 (or listed above)		
	otal receipts \$50 and under* (not listed above) OTAL RECEIPTS IN THE PERIOD		Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
4/22/21	Shopper arefster Trus Syn. Az.	Lot St. Outst	al	325	م
4/25/21	arefster Trus	Lot St. Outst.	a	1900	4
4-01-21	Sym. da.	٢	Signs	275	-
					80
				T	
		Line 12:	Expenditures over \$50		
		Line 13:	Expenditures \$50 and under*		
En	ter on page 1, line 4	Line 14	:TOTAL EXPENDITURES	2511	~

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15:	In-kind over \$50	
			In-kind \$50 and under	
	Enter on page 1, line 6		Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
4/1	Rfn. 4a	366 School St.	hun conjegue	
E	nter on page 1, line 7	Line 18: OUTSTANDI	NG LIABILITIES (ALL)	-0

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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